PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

89841437

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY					
TOTAL CLAIMS						RAT	Ε	FEE	1	RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	355.00	OR	BASIC FEE	710.00	
то	TAL CHARGEA	BLE CLAIMS	\$34 \Sminus 20=		.5375141		X\$ 9)= .		OR	X\$18=	1/150	7682
INDEPENDENT CLAIMS 17 minus 3 = 168 4						X40	=		OR	X80=	i31, 1, Δ	320	
MULTIPLE DEPENDENT CLAIM PRESENT						+13	 5=		OR	+270=	Janu	336	
* If the difference in column 1 is less than zero, enter "0" in column 2							TOT	AL.		OR		110 900	31/2
CLAIMS AS AMENDED - PART II											OTHER	THAN	3112
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST							SMA	LL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A	Salara da s	REMAINING AFTER AMENDMENT	4	NUM PREVI	MBER OUSLY FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 169	Minus	5	20	=149	X\$ 9)=		OR	X\$18=	2682	
	Independent	NTATION OF M	Minus	***	T CLAIM	= 4/	X40	=		OR	X80=	334	Ì
	THOTTHESE	MIATION OF W	OLTIFEE DET	LINDLIA	CLAIN		+135	5=		OR	+270=		,
	· .						TC ADDIT.	TAL		OR	TOTAL ADDIT. FEE	30/8	pc/
	20 August 2010	(Column 1)		(Colu		(Column 3)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			- ,			1
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUA PREV	HEST MBER IOUSLY) FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 169	Minus	**		=	X\$ 9)=		OR	X\$18=		
	Independent	*	Minus	***		=	X40	=		OR	X80=		
<u> </u>	FIRST PRESE	NTATION OF M	OLTIPLE DEF	PENDEN	CLAIM		+135	5=		OR	+270=		
							TC ADDIT.	TAL	,		TOTAL ADDIT. FEE		·
	(Column 1) (Column 2) (Column 3)									•	ADDII. FEE	·	1
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST MBER IOUSLY FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FE	
NDN	Total	-27/6	Minus	10	9	=Q,	X\$ 9)==		OR	X\$18=		
AME	Independent	1	Minus	***	7		X40	=		OR	X80=	Π	1
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+135	<u> </u>			+270=	1/	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."								TAL		OR	TOTAL	/ 	1
***	If the "Highest Nu	mber Previously P mber Previously Pa hber Previously Pa	aid For" IN THI	IS SPACE	is less tha	an 3, enter "3."	ADDIT.		propriate bo	OR x in co	ADDIT. FEE	L	

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FORM PTO-875 (Rev. 8/00)

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